## **Dental Assistant**



Endorsement Application
This endorsement connects to a SECONDARY license area of concentration only.

Full Name:		E-mail	E-mail Address:				
Address:				City, State, Zip:			
Home Number: Mobile Numb		er:	Cactus ID:				
Do you have a current teaching assignm		t?	Yes	No			
LEA	A of Assignment:			School of Assignment:			
	The Dental Assistant endorsement authorizes the instructor to teach:						
Dental Assistant, Health Science-Capstone,							
WI	nich endorsement level would you like	,	_	Associate:		sional:	
	Associate Level Endorsement Requirements  EDUCATOR MUST COMPLETE THE FOLLOWING REQUIREMENT  Requirement 1- Hold a current Dental Assistant or Dental Hygienist Certification Degree  Documentation must be attached.						
	Applicant's Signature						
Professional Level Endorsement Requirements  Educator must complete all of the following requirements							
1.	Complete the requirements for the	e Associate le	evel end	orsement.		Date	
2.	Complete the USBE's online CTE Orientation course.  It is highly recommended this course is completed within t			THE FIRST YEA	R.	Date	
3.	. Complete the New Health Science Teacher Training.					Date	
4.	Demonstrate to the satisfaction of the USBE's CTE Specialist that you have both the necessary knowledge and skills to effectively teach students all of the competencies outlined in the strands & standards for the courses authorized by this endorsement.						
	Applicant's Signature						

Endorsements may attach to a license area of concentration. Content endorsements may attach to Elementary Education and Secondary Education. If attached to Elementary Education, the educator is qualified to teach 7th and 8th grade in a middle school. To be eligible for an endorsement area, you must already have a current Utah Educator License.

ADA Compliant: September 2023